

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90059 018 \*\*\*150.00

**DOCUMENT # J73902**  
 1. Entity Name  
**PHYSICAL MEDICINE AND REHABILITATION ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**14610 MILITARY TRAIL**      **14610 MILITARY TRAIL**  
**G-2**      **G-2**  
**DELRAY BEACH, FL 33484**      **DELRAY BEACH, FL 33484**

00021000



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01062005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**59-2813209**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**ALSHON, JOSEPH J DO**  
**4800 LINTON BLVD #A203**  
**DELRAY BEACH, FL 33445**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**14610 Military Trail #G2**  
 City **Delray Beach**      **FL**      Zip Code **33484**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**      9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	ALSHON, JOSEPH	
STREET ADDRESS	14610 MILITARY TRAIL G-2	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	V	<input type="checkbox"/> Delete
NAME	TARRASH, JONATHAN	
STREET ADDRESS	14610 MILITARY TRAIL G-2	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	PICARD, DANIEL	
STREET ADDRESS	14610 MILITARY TRAIL G-2	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph J. Alshon      **Joseph J. Alshon, DO**      2/17/05      561 495 1801  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #